

DOCUMENT RESUME

ED 025 588

VT 002 476

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A Study of the Effectiveness of the Case Method in Teaching Interpersonal Relations to Psychiatric Aides.
League Exchange No. 69.

National League for Nursing, New York, N.Y. Mental Health and Psychiatric Nursing Advisory Service.

Pub Date 64

Note- 70p.

Available from- National League for Nursing, 10 Columbus Circle, New York, New York 10019 (\$1.25)

EDRS Price MF-\$0.50 HC-\$3.60

Descriptors- Achievement Tests, Check Lists, Control Groups, Experimental Groups, *Health Occupations Education, Instructional Materials, Interpersonal Relationship, Lesson Plans, Masters Theses, Pretests, *Program Effectiveness, *Psychiatric Aides, *Psychiatric Hospitals, Questionnaires, *Teaching Methods

In a 950-bed state psychiatric hospital, primarily an admission-and-treatment center, the case method was compared with the lecture-discussion method in teaching a unit on interpersonal relations with psychiatric patients to nurse aides. Two groups of 10 aides each were equated for age, sex, formal education, previous inservice training, and performance on a civil service test. The investigator used the case method with one group and lecture-discussion with the other in teaching interpersonal relations in caring for the patient at admission and orientation and in caring for the overactive, underactive, withdrawn, antisocial, adolescent, aged, and convalescent patient. A multiple-choice pretest, a clinical performance evaluation checklist and an opinionnaire were tools for evaluation. It was concluded that the case method was slightly more effective. Some recommendations were validation of results through similar studies, and study of the application of principles learned through the case method over a period of time. The appendix includes sample evaluation tools and unit objectives, definitions, and lesson plans. (JK)

The League Exchange

No. 69

A STUDY OF THE EFFECTIVENESS OF THE CASE METHOD
IN TEACHING INTERPERSONAL RELATIONS
TO PSYCHIATRIC AIDES

by

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Dolores E. Swatsley

ED025588

VT002476

Published by

³ NATIONAL LEAGUE FOR NURSING, New York - NY

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1964

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

ED025588

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**A STUDY OF THE EFFECTIVENESS OF THE CASE METHOD
IN TEACHING INTERPERSONAL RELATIONS
TO PSYCHIATRIC AIDES**

**A Dissertation Submitted at the Catholic University of
America in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing**

by

Dolores E. Swatsley

**NATIONAL LEAGUE FOR NURSING
Mental Health and Psychiatric Nursing Advisory Service
10 Columbus Circle, New York, New York 10019**

1964.

Code Number: 33-1143

Price: \$1.25

THE LEAGUE EXCHANGE

The League Exchange was instituted as one means for the sharing of ideas and opinions. Many other means are, of course, available--notably, biennial conventions, national and regional conferences, and meetings of state and local leagues for nursing. Further opportunities for the exchange of knowledge and information are afforded in Nursing Outlook, the official magazine of the National League for Nursing, and in other professional periodicals.

It is recognized, however, that the time available at meetings and the pages of professional magazines are limited. Meanwhile, the projects in which NLN members are engaged and which they should be sharing with others are increasing in number and scope. Many of them should be reported in detail; yet, such a reporting would frequently exceed the limits of other media of communication. The League Exchange has been instituted to provide a means for making available useful materials on nursing that would otherwise not be widely available.

It should be emphasized that the National League for Nursing is merely the distributor of materials selected for distribution through the League Exchange. The views expressed in League Exchange publications do not represent the official views of the organization. In fact, it is entirely possible that opposing opinions may be expressed in different articles in this series. Moreover, the League assumes responsibility for only minor editorial corrections.

It is hoped that NLN members will find the League Exchange useful in two ways: first, that they will derive benefit from the experience of others, as reported in this series, and second, that they will find it a stimulus to the dissemination of their own ideas and information. There are undoubtedly many useful reports which are as yet unwritten because of the lack of suitable publication media. NLN members are urged to write these reports and submit them for consideration for publication as a League Exchange item.

To the extent that all NLN members draw from, and contribute to, the well of nursing experience and knowledge, we will all move forward together toward our common goal--better nursing care for the public through the improvement of organized nursing services and education for nursing.

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INTRODUCTION

Statement of Problem

This is a study to determine the effectiveness of the case method of teaching interpersonal relations to psychiatric aides. The education of psychiatric aides has in recent years received considerable thought and discussion. It is recognized that our mental hospitals give more than custodial care. Psychiatric aides, as members of the team, should play an important role in the giving of care through which it is hoped that the patient will be helped toward recovery. Von Mering and King, as a result of their study, stated that if they were to list specific principles of remotivation, the first principle would be that aides must be made a part of the treatment team and be given a share in the responsibility for patient care and improvement.¹

The therapeutic atmosphere is dependent upon an understanding of patients' needs and upon good interpersonal relations between personnel and patients. Render and Weiss state that the atmosphere of the hospital ward is a calculated achievement and that it is possible, through the behavior of the nursing personnel, to make a patient feel calm, comfortable, and secure.²

Aides come to their jobs with little formal training. It is, therefore, the responsibility of the service institution to help them recognize and meet the nursing needs of the hospitalized mental patient. The magnitude and urgency of this problem of providing adequate education for aides is apparent when one looks at the facts concerning mental illness. Hyde gives the following statistics:

There are approximately 750,000 patients in the mental hospitals of this country. They are cared for and treated by approximately 2,156 doctors, 12,000 psychiatric nurses, and 84,750 psychiatric attendants. With an average of one doctor to 348 patients, one nurse to 62 patients and one attendant to 9 patients, it is evident that it is the attendants who are working most directly with the patients, caring for their hour-by-hour needs and most directly influencing their outcome!³

A study was done by Hajovsky to determine the specific content of and the methods used in the training programs for aides carried on in six nongovernmental general hospitals and in the hospitals operated under the auspices of one municipal and two federal government agencies. It was found that most of the teaching was done by lecture, discussion, demonstration, and tours of the hospital. The bulk of the training centered around functions.⁴

There has been a growing awareness that our present inservice programs have not been meeting the needs of the psychiatric aides. The aide must be prepared to relate to the patient in his daily living experiences on the wards of our psychiatric hospitals. Good techniques in carrying out procedures are important in the patients' daily care. More important than the mere performance of the procedure is what takes place between the aide and the patient as the care is being given. This is more than just knowledge; it is a way of relating to others. Peplau points out that if patients are to undergo illness

as an experience that reorients feelings and strengthens positive forces in personality, they must be able to express what they feel and still receive all of the nursing care that is needed.⁵

It is felt today that if we could bring together the experiences and points of view of many and relate these to the problems encountered on the wards, we could improve our aide-training programs. Only a few texts have been written expressly for the aide group. These authors have recognized the need for making the books functional and have emphasized interpersonal relations. Hyde presented the patient's day through a series of verbatim discussions in which members of his psychiatric team participated. The book discusses types of cases taken from actual situations, showing how personnel interacted in these situations.⁶

Robinson's textbook for the psychiatric aide stresses the relationships between people and the attitudes essential in modern psychiatric treatment.⁷

The nursing manual for aides written by Crawford and Kilander contains no discussion of mental diseases as such, but the discussions are centered around the behavior and needs of the patient and are designed to encourage much self-activity on the part of the aide.⁸

Thus, authorities on the training of psychiatric aides today are indicating the need to correlate and integrate theory and practice, so making the teaching more realistic and thought-provoking and thereby helping the aides to understand and apply the basic principles of good interpersonal relations in their daily contacts with patients. The improvement of this aide program should ultimately lead to better patient care.

In this study, an attempt will be made to determine whether or not the case method is an effective approach to the teaching of interpersonal relations to psychiatric aides through obtaining answers to these questions:

1. Is it possible to develop cases that will provide for the attainment of the basic principles of interpersonal relations?
2. Are psychiatric aides capable of participating in and benefiting from this functional approach to the teaching of interpersonal relations?
3. Will the case method of teaching influence the aides' practical application of these principles in the day-to-day living on the wards?
4. What is the aides' opinion of the case method of teaching?

Definitions of Terms

The following definitions are presented to clarify the terms used in this report.

The meaning of case has been defined by Paul L. Lawrence as follows:

A good case is the vehicle by which a chunk of reality is brought into the classroom to be worked over by the class and the instructor It is the record of complex situations that must be literally pulled apart and put together again before the situations can be understood. It is the target for expression of attitudes and ways of thinking brought into the classroom.⁹

Pigors defines the case method as a systematic way of helping people to learn from experience.¹⁰

For the purpose of this study, the case method is the presentation of a real situation or experience, taken from a ward setting, that describes an interpersonal relationship. The purpose is to stimulate discussion and interpretation by the aides as a means of arriving at some basic principles or understandings of behavior patterns. Thus, through independent, constructive thinking, the aides are preparing themselves to participate effectively in future relationships with patients.

Interpersonal relations will be considered as the sum total of all interactions, verbal and nonverbal, between the psychiatric aide and the patient in definite situations. These situations, or cases, will be the care of (1) the patient at admission, (2) the overactive patient, (3) the underactive patient, (4) the withdrawn patient, (5) the aged mental patient, (6) the antisocial patient, (7) the adolescent patient, and (8) the convalescent patient.

Review of Literature

The current literature indicates the need for integrating and correlating theory and practice. Through the reevaluation of methods of teaching, it is hoped to find some means of doing this by making the teaching more realistic and more thought-provoking.

Although the author has been unable to find any studies of the value of the case method of teaching law, medicine, social work, or business administration, written works by authorities in these fields show that it is a highly regarded method of teaching.

The case method was first experimented with by C. C. Langdell at the Harvard Law School in 1871. Through his introduction of the case method, he spearheaded a revolt against the lecture method in legal education.¹¹ Emphasis had been on the historical development of law and on the descriptive approach. The essential feature provided by the case method of teaching law was the use of actual cases.

The student is thus faced with a concrete legal problem embodying numerous aspects of the reality facing a practicing attorney. He must put forth intensive intellectual effort, not only to increase his knowledge of law, but, more important, to use that knowledge effectively in a critical analysis of the specific legal problem presented in the case. This is a realistic exercise that challenges the student, develops his reasoning power, and gives him an effective command of his professional field. Theory and practice are functionally related to a degree impossible in the traditional lecture.¹²

The success of this method was evidenced by the fact that by 1915, all the better law schools in the country had adopted it.¹³

In the early 1920's, the case system was inaugurated into the study of business administration at Harvard. Donham defined a business case as "a practical set of facts out of which arises a problem or problems for determination by the man of business."¹⁴ In the years since its inception, the case method has been strengthened and expanded, and other university schools of business administration have instituted its use.

In 1938, leaders in the field of public administration, impressed by the results observed in business administration and feeling the need for a more functional approach to the study of their field, secured the establishment of a special research committee to develop administration cases. Between 1938 and 1945, 100 short cases were prepared by this committee for use in teaching public administration.¹⁵

Social service used the social-work case shortly after the Civil War as a means of improving social treatment of patients. During the 1920's, it was adopted as a method of instruction, and it has assumed a dominant place in the instructional programs of these schools.¹⁶

In 1924, Nolan studied the use of the case method as contrasted with the lecture method in the teaching of agriculture. One of his findings was as follows:

A final test in the special methods course given to the two groups resulted in a better showing for the case method group than for the group taking the regular text book lecture course, and it is the opinion of the writer that in the study of the cases the students developed power of pedagogical reasoning, discrimination and judgement, which will carry over more successfully to practice than that gained by the group study in theory only.¹⁷

Sperle did a survey study of the use of case studies as a method of instruction at a state teachers' college. A questionnaire was used to evaluate the program. The students subjectively evaluated the method, concluding that it helped them to grow in their ability to recognize, analyze, and solve problems in their teaching situations and that by means of this method, they developed leadership and intelligent fellowship. The evaluation by the staff members showed that they felt the case method helped to unify the work of the various phases of the training program and helped to keep them in closer touch with the students during their field work.¹⁸

More recently, the use of the case method has received a great deal of study in the field of nursing administration. Finer reports:

The case method is an antidote to the usual passive nature of education, since it is used deliberately to enlist the student's participation and it does this in a way that gives him the feel of reality which is not usually furnished by textbooks.¹⁹

Finer recommends that an effort be made to discover and record cases in nursing service administration through a two- to three-year cooperative project by several universities.

In a study by Mullane of the setting up of educational programs for teaching nursing service administration, it was found that the case method of teaching had been broadly

adopted, especially in the master's programs, since 1950. As a result of her study, she recommended that since the nursing service administration programs had adopted the use of the case method of teaching so extensively, its usefulness in other instructional programs should be considered.²⁰

Thus, the literature shows a gradual buildup of cases and the use of the case method in the teaching of law, medicine, social work, business administration, agriculture, and administration service. If it has been successful in all these fields, it would seem that cases could be written that would provide for the attainment of the basic principles of interpersonal relations by aides.

In a study done by Crowley on the development and analysis of three cases concerning the role of the nurse in the care of patients, she concluded that a nurse can apply knowledge and experience and formulate a plan of action which could provide practice leading to improvement in interpersonal relationships.²¹

The cases, then, should not only provide for the attainment of the basic principles of interpersonal relations but, because of the similarity to reality, also influence the practical application of these principles.

It rouses the mind to a problem-facing attitude which, once again, is stirring to the active elements in the person and throws the mind back to an inquiry into its own criteria from which an answer might be created . . . it is actual practice in grappling with life for mastery over intractable things . . .²²

The case method is a functional approach to the teaching of interpersonal relations and, as has been shown in other fields, results in participation and benefit to the majority of the students; so, it should be safe to conclude that aides, too, are capable of participating and benefiting from its use.

In a review of previous studies on teaching methods, a study by Brady which compared the nursing-clinic method with the nursing-conference method was included. It reported that no significant difference in effectiveness was noted. The variable in these two methods was that in the nursing clinic, the students saw the patient. Both methods presented the case picture and used group discussion, which would tend to uphold the reality of the case method of teaching.²³

Zderad evaluated the effectiveness of a cooperative group method of teaching basic psychiatric nursing. The cooperative group method was one in which the students participated with the teachers in planning and executing learning activities. While the results of the test showed no significant difference between a group being taught by the lecture method and the experimental group, one noted among the ratings by five clinical instructors and self-ratings by the students on practical application of theory twice as many superior ratings in the experimental group.²⁴

In a study conducted to determine the effectiveness of the clinic-discussion method and the lecture-discussion method of teaching psychiatric nursing, Leininger found the clinic-discussion method to be slightly more effective according to the teacher-

constructed test. The students in the lecture-discussion group gave fewer advantages and more disadvantages to the use of this method than did those in the clinic-discussion group. A checklist rating scale showed no significant difference in practical performance.²⁵

The effectiveness of the use of the nursing-arts laboratory as compared with the hospital ward for demonstration and practice was studied by Arts.²⁶ Both methods were found to provide about equally for the attainment of course content. The experimental method, using the hospital ward, was twice as effective in developing the ability to promote the mental and physical comfort of the patient.²⁷

Holmquist studied the use of the case method in teaching medical-surgical nursing and concluded that it helped the student to understand the important concepts of medical and surgical nursing, to apply sociological and psychological principles to the solutions of the problem, and to make decisions for action consistent with the information presented.²⁸

These studies, as a whole, indicate that methods in which the students are self-active are effective methods of teaching and that the students themselves seem to prefer these methods to the lecture method.

Literature seems to indicate that methods of teaching that correlate and integrate theory and practice, making the teaching more realistic and thought-provoking, appear to provide for attainment of learning and to influence practical application, are efficient and economical methods of teaching, and are well liked by both teachers and students.

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METHOD

Problem

The purpose of this study was to determine the effectiveness of the case method in the teaching of interpersonal relations to psychiatric aides. The study was designed to test out the hypothesis that interpersonal relations can be taught to psychiatric aides through a case-method approach.

The term case method refers to the presentation of a real situation or experience, taken from a ward setting, that describes an interpersonal relationship. The purpose of this method is to stimulate discussion and interpretation by the aides as a means of arriving at some basic principles or understandings of behavior patterns. Thus, through independent, constructive thinking, the aides are preparing themselves to participate effectively in future relationships with patients.

Interpersonal relations were considered as the sum total of all interactions, verbal and nonverbal, between the psychiatric aide and the patient.

It is recognized that in dealing with people, it is impossible to equate all significant factors, but an effort was made to control the following relevant factors: (1) teacher--ability and prejudices, (2) students, (3) situation--the teaching setup and the working situation of the aides, (4) course content.

Subjects

The subjects were a selected group of psychiatric aides employed at a state mental hospital. The setting in which these aides were working is a 950-bed psychiatric hospital which is, for the most part, an admission-and-treatment center. Caring for these patients are approximately 55 registered nurses and 250 psychiatric aides. The aides included in this study were working on the active-treatment wards of the hospital under the direction of registered nurses.

The classes were open to any aide who had been at the institution for at least a period of six months. Aides electing to take the course were equated in two groups of ten each on the basis of the following factors: (1) age, (2) sex, (3) formal education, (4) amount of previous inservice training, (5) scholastic achievement as demonstrated by the Civil Service Test for Aide I, (6) amount and type of ward experience in the psychiatric setting. One from each equated pair was randomly placed in the control group and one in the experimental group. Table 1 shows a comparison between the averages of the equating factors in the experimental and the control groups.

TABLE 1. Comparison of the Averages of the Equating Factors for the Experimental and the Control Groups

Group	Equating Factors					
	Average Age (Years)	Number of Each Sex	Average Years of Formal Education	Average Hours of Inservice Classes	Average Test Score	Average Length of Employment (Years)
Experimental	29.3	5 Female 5 Male	11.5	80	84.1	2.5
Control	30.1	5 Female 5 Male	11.6	80	83.3	2.5

Materials

An attempt was made to prove that the case method is an effective method of teaching interpersonal relations to psychiatric aides. This was done by contrasting its effectiveness with that of the lecture-discussion method. It is recognized by the investigator that in this situation, it is difficult to control all factors. In theory, all variables were controlled except the method of teaching.

Lesson plans and case studies were prepared for the classes given during this study, and a sample of each is included in the appendix.¹

In order to determine the effectiveness of the two methods of teaching, three evaluation tools were used. These tools were (1) a paper-and-pencil test constructed by the investigator which was used as a pretest and as a final achievement test, (2) a checklist rating scale constructed by the investigator to evaluate the aides' ability to apply the dynamics of interpersonal relations, and (3) an opinionnaire of the aides regarding the method used.

It was first necessary for the investigator to construct an over-all statement of objectives for this unit of teaching. In the construction of these objectives, criteria described by Krug,² Heidgerken,³ and Smith, Stanley, and Shores⁴ were followed. Psychiatric nursing literature was consulted in order to formulate objectives related to skills, attitudes, and appreciations which the aide would need in the interpersonal relations with the mental patient.^{5, 6, 7, 8}

The course content was designed to introduce the aide to the principles and practice of meeting the interpersonal relations between aide and patient during the 24 hours of the day.

An outline follows of the topics of study. A brief explanation of the selected topics is given to define them. The topics are:

1. The admission and orientation of the new patient to the psychiatric hospital. This included initial contacts with personnel, the other patients, and the ward setting.
2. Nursing care of the overactive patient: the patient who is intensely active, in either a verbal or a motor way, or both, usually without apparent reason.
3. Nursing care of the underactive patient: the patient who is characterized by depression, is tense and anxious, lacks energy, and is often suicidal.
4. Nursing care of the withdrawn patient: the patient who withdraws from the world of reality into a world of phantasy or daydreams.
5. Nursing care of the aged patient: the elderly patient who shows changes due to cerebral arteriosclerosis or those with senile psychosis.
6. Nursing care of the antisocial patient: the patient who presents behavior problems due to the overuse of drugs and/or alcohol.
7. Nursing care of the adolescent patient: the patient in the final phase of growth and development who has failed to relate successfully to others.
8. Nursing care of the convalescent patient and transfer of the patient from the closed- to the open-ward setting.

The unit on interpersonal relations between the psychiatric aide and the mental patient consisted of 20 hours of instruction using the case method with the experimental group and the lecture-discussion method with the control group. By the term lecture-discussion method is meant "one which consists primarily of lecture by the teacher but in which questions and discussion by students is encouraged."⁹

Common objectives were established for the selection of the learning experience, and in meeting these objectives, an attempt was made to keep the material covered by the course content similar for both the case-method and the lecture-discussion groups. The aides were given a vocabulary list and a list of suggested readings. The investigator taught both groups.

The aides attended two classes (each 2 hours long) every week for a period of 5 weeks --a total of 20 hours. These classes were on alternate days, Tuesday through Friday.

Design of the Study

The situational-control method, a form of experimental research, was used for this study. To test out the hypothesis that interpersonal relations can be taught to psychiatric aides through the case-method approach, the parallel-group technique was used. This technique studies the experimental factor under controlled conditions with two equated groups. In this instance, one group served as an experimental group in which the experimental factor (case method) was applied, and for comparative purposes, the other group served as a control group in which a customary, or nonexperimental, procedure (lecture-discussion method) was applied.

Thus, in this study, two groups of ten aides were carefully equated according to the criteria set up earlier in this chapter. Objectives were formulated, and on the basis of these, the course content was prepared. The content was designed to help the aide in the application of the principles and practice of meeting the interpersonal relations between the aide and the patient on our psychiatric wards during the 24 hours of the day.

The investigator taught the two groups of ten aides (one by the case method and one by the lecture method), covering the same course content in both methods.

The effectiveness of the two methods was then evaluated through the use of three tools: (1) pretest and posttest, (2) checklist rating scale, (3) opinionnaire of the aides. The data obtained through this experimental design will be presented and analyzed in the following chapter.

Statistical Analysis

The first instrument used for evaluation was a paper-and-pencil test constructed by the investigator. It was given to the aides prior to and following the unit of study. To evaluate the outcome of a study of this kind, a valid instrument is necessary in order to measure the results. In an attempt to construct a test which would measure the aides' understanding of interpersonal relations, a careful analysis was made of the course of study, and objectives for the test were set up. Questions which would test these objectives were formulated. The test items were in the form of situational multiple-choice questions. Following construction, the test was reviewed by two psychiatric nurse educators for further suggestions as to content and construction.

The test, containing 100 items, was given to 25 aides who were comparable in experience and ability to those who were to take part in the study. An item analysis as outlined by Ross and Stanley¹⁰ was then done of the test. Each question that was answered correctly received a score of one point, and the final scores were determined. A correlation study was done on the answers given by the aides scoring in the upper and the lower 27 percent of the group. Items with a negative, a zero, or a slight percentage difference were omitted or rewritten.

The revised test was reviewed by two psychiatric nurse educators, and the final form of 100 items was used as an evaluation tool for the study.¹¹

The second tool used was a checklist rating scale constructed by the investigator to evaluate the aides' performance in interpersonal relations. The skills, the knowledge, and the attitudes necessary for therapeutic relations between the aide and the patient in the given situations of the study were considered in the construction of the statements for this scale. Multiple sources were utilized in determining the items to be included: suggestions from nurses in the field of psychiatry, points suggested in literature, nursing abilities listed by Shields,¹² etc. It was then submitted to a group of eight psychiatric nurse educators who had been teaching aide groups and revised according to suggestions made.

In its final form, this scale was used to rate the aides before and following the 20 hours of instruction. To help assure objectivity, each aide was rated by three nurses

(supervisor, head nurse, and one other registered nurse). The final form is included in this study.¹³

As the third tool, an opinionnaire was constructed. In this, the aides were asked to express their opinions as to what they liked most and what they liked least about the method by which they were taught. To insure a freedom of expression, the aides were not requested to sign these sheets but were asked to check the group in which they had participated. The aides' opinions are indicative of the interest aroused by the method of teaching.

In order to evaluate statistically for reliability the data obtained from the achievement test and the checklist rating scale, it was necessary to submit the findings to a test of significance. A null hypothesis was formulated and tested. This hypothesis was as follows: There is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides. It was necessary to determine that the results obtained were not due to chance in a specific number of cases in order to reject the null hypothesis. A 5 percent or a 1 percent level of confidence is usually considered significant.

First, the difference between the means of the two groups was found by use of the formula given by Edwards.¹⁴ The matched-groups formula was then applied after a null hypothesis had been established.¹⁵ This formula¹⁶ determined the standard error of the mean difference for the matched groups. The difference between the means was then divided by the standard error to arrive at t . After this, the number of degrees of freedom available for evaluating t when two groups have been matched was determined by subtracting 3 from the total number of cases in both groups. Then, by referring to the table of values of t , the value of t at the 5 percent and the 1 percent level of significance was obtained.¹⁷

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PRESENTATION, ANALYSIS, AND INTERPRETATION OF THE DATA

The data of this study will be presented, analyzed, and interpreted in this chapter in order to determine whether it upholds the hypothesis that the case method is an effective approach to the teaching of interpersonal relations to psychiatric aides. To do this, an attempt will be made to obtain answers to four questions in order to determine whether these answers will support or contradict the above hypothesis. The questions are:

1. Is it possible to develop cases that will provide for the attainment of the basic principles of interpersonal relations?
2. Are psychiatric aides capable of participating in and benefiting from this functional approach to the teaching of interpersonal relations?
3. Will the case method of teaching influence the aides' practical application of these principles in the day-to-day living on the wards?
4. What are the aides' opinions of the case method of teaching?

To determine the effectiveness of the case method, three tools were constructed for the purpose of evaluation. The tools used were (1) a situational multiple-choice test constructed by the investigator which was used as a pretest and as an achievement test to determine the knowledge gained by the aides in this study, (2) a checklist rating scale constructed by the investigator to evaluate the aides' ability to apply the knowledge obtained in these classes to the clinical situation, and (3) an opinionnaire to obtain the aides' opinions of the teaching method used.

Pretest and Achievement Test

In an attempt to answer the first two questions, the results of the pretest and the achievement test were studied. The results of the achievement test of the individual aides and the means of the groups are presented in Table 2.

TABLE 2. Achievement Test Scores of Students in the Experimental and the Control Groups and the Mean of Each Group

Group	Individual Scores of the Aides Based on a Possible Score of 100										Mean of the Group
	1	2	3	4	5	6	7	8	9	10	
Experimental	68	80	82	84	86	90	90	90	91	93	85.4
Control	64	65	75	80	84	88	88	89	91	92	81.6
	Mean Difference										3.8

The scores of the aides in the experimental group ranged from 68 to 93, with a mean of 85.4. The control group's scores ranged from 64 to 92, with a mean of 81.6. The difference between the means was 3.8.

The t test of significance was applied to determine whether the difference in the means of the two groups was significant or probably due to chance.¹ Use of the formula for paired samples resulted in a t of 2.58. According to the t table,² with 17 degrees of freedom, a t value of 2.110 is needed for significance at the 5 percent level; a t value of 2.898 is needed for significance at the 1 percent level. The t value which was obtained, 2.58, is significant at the 5 percent level. Therefore, the null hypothesis--that there is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides--may be rejected. In answer to the first question, the above findings would indicate that as measured by this test, it is possible to develop cases that will be more effective than the lecture-discussion method in providing for the attainment of the basic principles of interpersonal relations by psychiatric aides.

In answer to the second question (Are psychiatric aides capable of participating in and benefiting from this functional approach to the teaching of interpersonal relations?), the final achievement test scores were compared with the pretest scores. The comparison of the mean scores of the experimental and the control groups as measured by the pretest and the achievement test is shown in Table 3.

The mean of the pretest scores of the aides in the experimental group was 62.8, while the mean of the final achievement test scores was 85.4. This shows a gain of 22.6 points, or a 35.98 percent increase, in the achievement-test mean over the pretest mean. The scores of the control group showed a mean of 61.9 in the pretest and 81.6 in the final achievement test, indicating a gain of 19.7 points, or a 31.82 percent increase, in the mean of the final achievement test over the mean of the pretest scores. As is seen by Table 3, the aides in the experimental group showed a gain of 2.9 points, or 4.16 percent, in the mean difference over the mean difference of the control group. One could conclude that as measured by this test, the aides are slightly more capable of participating in and benefiting from the case-method approach to the teaching of interpersonal relations than they are of participating in and benefiting from the lecture-discussion method.

TABLE 3. Comparison of the Mean Scores of the Experimental and the Control Groups as Measured by the Pretest and the Achievement Test

Group	Pretest Mean	Achievement Mean	Mean Difference	Percent Increase
Experimental	62.8	85.4	22.6	35.98
Control	61.9	81.6	19.7	31.82
Mean Difference			2.9	4.16

Checklist Rating Scale

The checklist rating scale was used to answer the third question: Will the case method of teaching influence the aides' practical application of the principles of interpersonal relations in the day-to-day living on the wards?

For greater objectivity, each aide was rated by three professional nurses: supervisor, head nurse, and one other nurse who had observed the aide in the clinical situation over a period of time. Each aide's score was computed by averaging the ratings of the three raters. The scores of each individual aide and the means of the experimental and the control groups are shown in Table 4. The null hypothesis was tested. This hypothesis was as follows: There is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides.

The scores of the experimental group ranged from 64 to 94, with a mean of 84.9. The scores of the control group ranged from 71 to 95, with a mean of 84.6. The mean difference was 0.3. The t test of significance was applied and resulted in a t of 0.019. According to the t table, with 17 degrees of freedom, a t value of 2.110 is needed for significance at the 5 percent level; a t value of 2.898 is needed for significance at the 1 percent level. The t value which was obtained, 0.019, is not significant at either the 5 percent level or the 1 percent level. These findings would indicate that the above hypothesis is sustained.

TABLE 4. Checklist Rating Scale Scores of Aides in the Experimental and the Control Groups and the Mean of Each Group

Group	Individual Scores (Post ratings)										Mean of the Group
	1	2	3	4	5	6	7	8	9	10	
Experimental	64	71	79	84	90	90	91	92	94	94	84.9
Control	71	81	82	83	83	85	86	89	91	95	84.6
Mean Difference											0.3

The null hypothesis--that there is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides--was rejected by the achievement test and sustained by the checklist rating scale. At first, these conclusions might appear contradictory to each other, but it must be recognized that these tools are measuring different factors. The achievement test is measuring knowledge obtained in the course, while the checklist rating scale is measuring practical application of this knowledge.

It is the opinion of the investigator that the value of the checklist rating scale is limited in this study owing to the scale's subjectivity, its dependency on the ability of the raters, and the short interval between the time of the course and the date of rating.

To further investigate the influence of the case method of teaching on the aides' practical application of the principles of interpersonal relations, the rating scale was given prior to and following the course of study. Table 5 shows the comparison of the mean scores of the experimental and the control groups in terms of their mean difference and percent of increase.

TABLE 5. Comparison of the Mean Scores of the Experimental and the Control Groups as Measured by the Pre- and Post-Checklist Rating Scale

Group	Means of Pre-rating Scores	Means of Post-rating Scores	Mean Difference	Percent Increase
Experimental	80.4	84.9	4.5	5.5
Control	80.8	84.6	3.8	4.7
Mean Difference			0.7	0.8

The mean of the prerating scores of the aides in the experimental group was 80.4, while the mean of the final rating scores was 84.9. The increase in the postrating scores over the prerating scores showed a gain of 4.5 points, or 5.5 percent. The scores of the control group showed a mean of 80.8 in the prerating scale and 84.6 in the postrating scale, indicating a gain of 3.8 points, or a 4.7 percent increase, in the scores of the postrating scale over the scores of the prerating scale. One could conclude that as shown by this checklist rating scale, the use of the case method is slightly more effective than that of the lecture-discussion method in influencing the aides' practical application of the principles of interpersonal relations in the day-to-day living experiences on the wards of our mental hospitals.

Opinionnaire

The answer to the fourth question was sought by means of an opinionnaire. The question was, What are the aides' opinions of the case method of teaching?

It is recognized that the aides' opinions of the teaching methods are subjective and that those aides participating in the lecture method had never experienced the case method of teaching; thus, these opinions cannot be statistically evaluated. However, these opinions have been included because the investigator feels that the viewpoint of the aides shows the interest engendered by the teaching method.

At the completion of the course, the aides were asked to list the things they liked the most and the things they liked the least about the method by which they had been taught. Table 6 contains the summary of the opinions of the aides taught by the case method. The opinions of the aides taught by the lecture-discussion method are found in Table 7.

TABLE 6. Opinions of the Experimental Group Regarding the Case Method of Teaching

Opinions	Frequency
<u>Things Liked Most</u>	
Variety of cases studied	6
Informality of the class--"Freedom of Speech"	6
Chance to study and discuss the case	5
Similarity of class cases to cases on ward	5
Obtaining the views of other aides	3
Learning how to handle actual aide-patient problems	2
More interesting--less boring than lectures	1
Cases were clear and concise	1
Chance to ask questions	1
Total	30
<u>Things Liked Least</u>	
Expressions of dissatisfaction on time of class	3
Easy to get off the subject	2
Group too small	1
Not enough different cases	1
Cases were not actual patients on own ward	1
Total	8
<u>Suggestions</u>	
Have case-method classes on wards with all aides from the ward present . . .	4
More discussion on the diagnosis of the patient	3
More classes on medical terms	1

All the aides in the case-method group expressed opinions on 3 things they liked about the method, thus giving a total of 30 opinions. The likes most frequently expressed were the informal atmosphere, the variety of the cases studied, the similarity of cases discussed to cases on their wards, and the opportunity to study the cases and to participate in group solutions to the problems. Only 8 comments were made under the section on things liked least, and of these 8 comments, 3 pertained to the structural setup of the classes rather than to the case method.

TABLE 7. Opinions of the Control Group Regarding the Lecture-Discussion Method of Teaching

Opinions	Frequency
<u>Things Liked Most</u>	
Opportunity to obtain the views of others on how to handle various problems on the ward	6
Opportunity for discussion	5
Informality of the classes	4
Interest stimulated by the group	2
Opportunity to learn of trends of the time	1
The wide variety of patient care given	1
Total	19
<u>Things Liked Least</u>	
Time was too short	2
Some people monopolize the discussion	2
Everyone did not show interest and participate	1
Too much emphasis on a minor point	1
Student doesn't have enough chance to participate	1
Complete lecture not given before discussion	1
Total	8
<u>Suggestions</u>	
Longer period for class	1
Give more examples	1
Complete lecture given before having discussion	1
Bring patients to class to illustrate case	1

The aides in the lecture-discussion group gave a total of only 19 things liked most and 8 things liked least. The likes most frequently mentioned by this group were the opportunity to discuss, the sharing of ideas, and the informality of the class.

A study of the opinions as expressed by the aides would indicate that the experimental group expressed more likes for the case method than did the control group for the lecture-discussion method of teaching. Furthermore, the likes most frequently mentioned by the lecture-discussion group are those pertaining to the opportunity to take an active role in the class. Thus, according to this opinionnaire, it would seem that the aides prefer teaching methods, such as the case method, that call for active participation by the aides.

References

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SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The parallel-group technique was used in this study to determine the effectiveness of the case method of teaching interpersonal relations to psychiatric aides. The teaching methods used were the case method (with the experimental group of aides) and the lecture-discussion method (with the control group of aides).

A review of literature revealed that the case method is a highly regarded method of teaching in the fields of law, medicine, social work, business administration, and nursing service administration. Its value lies in the fact that it correlates theory and practice. There were no reports found of studies on the use of the case method of teaching psychiatric aides.

The setting for the study was a 950-bed state psychiatric hospital which is for the most part an admission-and-treatment center. The aides included in this study were working on the active-treatment wards of the hospital under the direction of registered nurses.

Two groups of ten aides each were carefully equated according to the following criteria: (1) age, (2) sex, (3) formal education, (4) amount of previous inservice training, (5) scholastic achievement as demonstrated by the Civil Service Test for Aide I, (6) amount and type of ward experience in the psychiatric setting. One from each equated pair was then randomly assigned to either the experimental or the control group.

The unit of teaching selected was interpersonal relations of the aide and the psychiatric patient in caring for (1) the patient at admission and orientation to the ward, (2) the over-active patient, (3) the underactive patient, (4) the withdrawn patient, (5) the aged patient, (6) the antisocial patient, (7) the adolescent patient, and (8) the convalescent patient.

Objectives for the unit were established, and from these, the course content was prepared. The content was designed to help the aide to apply the principles of interpersonal relations to the daily living situations that arise on the wards of the mental hospital. The investigator taught the 2 groups of 10 aides for a total of 20 hours each, attempting to cover the same course content by both methods.

In order to compare the effectiveness of the two methods of teaching, three evaluative tools were utilized. The tools were (1) a situational, multiple-choice test constructed by the investigator to be used as a pretest and as a final achievement test (2) a checklist rating scale constructed by the investigator to evaluate the aides' performance in interpersonal relations, and (3) an opinionnaire to obtain the aides' opinions of the teaching method used.

The data were subjected to a statistical analysis. A null hypothesis was formulated and tested. This null hypothesis was as follows: There is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides. The data from the final achievement test and

the checklist rating scale were used for this analysis. The formula to determine the standard error of the mean difference for matched groups was used, and the t test of significance was then applied to the difference between the means obtained.

To determine whether the hypothesis that the case method is an effective approach to the teaching of interpersonal relations to psychiatric aides was supported or contradicted, answers to four questions were obtained through an analysis and interpretation of the data. These questions were:

1. Is it possible to develop cases that will provide for the attainment of the basic principles of interpersonal relations?
2. Are psychiatric aides capable of participating in and benefiting from this functional approach to the teaching of interpersonal relations?
3. Will the case method of teaching influence the aides' practical application of these principles in the day-to-day living on the wards?
4. What are the aides' opinions of the case method of teaching?

The scores of the achievement test were studied to answer the first question. In determining the difference between the two teaching methods in providing for the attainment of the basic principles, the statistical analysis revealed that the findings were significant at the 5 percent level of confidence. Therefore, the null hypothesis--that there is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides--may, according to the findings on this achievement test, be rejected.

To answer the second question, the scores of the pretest were compared with the scores of the achievement test in order to determine what increase had occurred in the aides' knowledge, attitudes, and understandings of interpersonal relations. The comparison showed that in the experimental group, the gain was 2.9 points, or 4.16 percent, higher than in the control group of aides.

The checklist rating scale was used to answer the third question, which was to determine whether or not the case method of teaching influenced the aides' practical application of the principles of interpersonal relations. The application of the t test of significance to the difference of the mean scores of the two groups of aides on the rating scale showed that at the 1 percent and the 5 percent levels of confidence, the data were not significant. Therefore, the null hypothesis--that there is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides--was, according to the findings on the checklist rating scale, sustained. It is recognized by the investigator that the checklist rating scale presents many limitations due to its subjectivity, its dependency on the ability of the raters, and the short time between the time of the course and the date of the rating.

The final question considered the aides' opinions of the teaching method used in the class. The experimental group gave a total of 30 opinions in answer to the question con-

cerning what they liked most about the method by which their course was taught and 8 opinions on what they liked least. The things liked most which were stated the greatest number of times by this group were the informal atmosphere, the variety of the cases studied, the similarity of class cases to cases on the wards, and the opportunity to study the cases and to participate in group solutions to the problems. In the control group, 19 opinions were given in answer to the question concerning what they liked most about the method by which their course was taught and 8 opinions on what they liked least. The things liked most which were stated the greatest number of times by the control group were the opportunity to obtain the views of others, the opportunity for discussion, and the informality of classes.

Conclusions

On the basis of the analysis of the data obtained in this study, it seems justifiable to conclude that the case method proved to be a slightly more effective method of teaching interpersonal relations to psychiatric aides than the lecture-discussion method.

Statistical analysis of the scores obtained on the achievement test on interpersonal relations showed the findings to be significant at the .05 level of confidence. Therefore, the null hypothesis--that there is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides--may be rejected. These findings indicate that as measured by this test, the case method is more effective than the lecture-discussion method in providing for the attainment of the basic principles of interpersonal relations by psychiatric aides.

Comparison of the scores of the achievement test with those of the pretest showed that in the experimental group, the gain was 2.9 points, or 4.16 percent, higher than in the control group of aides. The slightly greater increase in scores received by the case-method group would indicate that as measured by this test, the aides are more capable of participating and benefiting in the case-method approach to the teaching of interpersonal relations than in the lecture-discussion approach.

Statistical analysis of the data obtained from the checklist rating scale constructed by the investigator indicates that the findings are not significant at either the .01 or the .05 levels of confidence. Therefore, the null hypothesis--that there is no difference in the effectiveness of the case method and the lecture-discussion method when they are used in the teaching of interpersonal relations to psychiatric aides--is sustained. Therefore, it could be concluded from the statistical analysis that the case method of teaching is as effective as the lecture-discussion method of teaching in influencing the psychiatric aides' practical application of the principles of interpersonal relations.

The aides in the experimental group who were taught by the case method of teaching expressed under the heading "Things Liked Most" a greater number of favorable comments about the method by which they were taught than did the aides in the control group about the lecture-discussion method of teaching used in their classes. A study of the opinions expressed by the control group points up that the things aides in this group liked most frequently pertained to the opportunity to participate in the class. Thus, it could be concluded that the aides in this study preferred methods in which they could take an active part.

Therefore, it is concluded on the basis of the analysis of these data that the hypothesis --that interpersonal relations can be taught to psychiatric aides through the case-method approach--is upheld by this study.

Recommendations

The following recommendations are made for future research:

1. Similar studies could be made to further validate the results, since the number of aides was limited to the two equated groups.
2. More research is needed in the area of rating performance of aides in the clinical situation and in the use of these ratings to influence the aides' practical performance.
3. A similar study could be made with a number of spaced ratings on the clinical performance of the aides to determine whether or not the case method, being more realistic in its approach, has a more lasting effect on the application of the principles of interpersonal relations.

APPENDIX I

OBJECTIVES FOR PRETEST AND ACHIEVEMENT TEST FOR UNIT ON AIDE-PATIENT RELATIONS

Central Objective: To test the knowledge of the understandings, attitudes, and skills of the aide before participation in the class and to make an evaluation of the changes which occur in the aide's understandings, attitudes, and skills after 20 hours of planned class work on aide-patient relationships.

- Contributory Objectives:**
1. To test the aide's operational knowledge of the way to use self and relationships with other personnel to meet the needs of the mentally ill patients as expressed in their behavior by:
 - a. Developing self-understanding.
 - b. Developing a knowledge of the meaning of certain behavior patterns.
 - c. Developing ability to work as a cooperative member of the treatment team.
 2. To test the development of attitudes which will enable the aide to establish effective aide-patient relationships in caring for the mentally ill patient, such as:
 - a. Sustained interest in the patient.
 - b. A warm, friendly, and understanding attitude while yet remaining objective.
 - c. A calm attitude in meeting situations.
 - d. An attitude of hopefulness.
 - e. An acceptance of the patient as the person he is.
 - f. An attitude of empathy.
 3. To test the understanding of how our nursing skills are helpful in furthering our relationships with patients, such as:
 - a. In creating an environment that will help the patient back to mental health.
 - b. In being able to communicate with others, verbally and nonverbally.
 - c. In utilizing nursing care procedures to further interaction with patients.

APPENDIX II

PRETEST AND ACHIEVEMENT TEST FOR UNIT ON AIDE -PATIENT RELATIONS

Place the letter of the best answer to the statement on the line on the right.

Situation: Mrs. M. is a 30-year-old woman who had been considered by her friends as a gay, friendly, outgoing person. About two months before her admission to the hospital, she began exhibiting some unusual behavior, becoming suddenly irritable, her appearance unkempt, and awaking the family with loud singing during the night. In the hospital, she paces up and down the hall, shouts, and makes many demands, occasionally becoming very destructive.

1. When Mrs. M. becomes overactive, she does not have time to eat. To meet this dietary problem, it is best to
 - a. Gavage the patient during periods of overactivity.
 - b. Omit food until she is ready to eat.
 - c. Force Mrs. M. to sit at the table until she has eaten.
 - d. Serve nourishing food she can carry in her hands.
 - e. Serve only liquids which she can drink on the run.1. _____
2. Occasionally during periods of overactivity, Mrs. M. will use vulgar, obscene language. When this happens, you should
 - a. Isolate Mrs. M. until she can speak properly.
 - b. Ignore it, as it is a part of her illness.
 - c. Refuse to talk with her while she is acting this way.
 - d. Emphasize you do not like this type of language.
 - e. Remind her that vulgar language is not proper.2. _____
3. In giving nursing care to an overactive patient, the best approach is
 - a. To maintain a calm, quiet manner.
 - b. To be prepared to use physical force if necessary.
 - c. To be very permissive so the patient will not become upset.
 - d. To provide a stimulating environment.
 - e. To keep talking quietly while giving care.3. _____

4. In conversation, Mrs. M. often talks rapidly and shows a flight of ideas.
In working with her,
 - a. Suggest that she stop talking for a while.
 - b. Attempt to keep her talking about one subject.
 - c. Try to divert this energy into a useful activity.
 - d. Ask questions about the past to bring Mrs. M. back to reality.
 - e. Carry on long conversations with Mrs. M.

4. _____

5. Mrs. M.'s overactivity might be diverted into activity that is therapeutic by
 - a. Asking her to direct the other patients in singing.
 - b. Asking her to make the beds.
 - c. Asking her to dance with you.
 - d. Giving her a pail of water and a mop.
 - e. Encouraging her to talk with the withdrawn patients.

5. _____

6. An enema was ordered for Mrs. M. Before starting this procedure, you should
 - a. Give a complete explanation of the procedure.
 - b. Restrain Mrs. M.'s arms, so that the tray will not be upset.
 - c. Take two others with you in case she resists.
 - d. Say nothing to the patient before starting the procedure.
 - e. Explain what you are going to do in simple terms.

6. _____

7. In selecting clothing for Mrs. M. during her periods of overactivity,
 - a. Insist she wear hospital clothing.
 - b. Choose dark, drab clothing that is nonstimulating.
 - c. Keep her dressed in pajamas and bathrobe.
 - d. Select attractive clothing which is easy to put on.
 - e. Allow her to wear anything she wishes.

7. _____

8. The overactivity of Mrs. M. is irritating to you.
You should
 - a. Request that the patient be transferred.
 - b. Ask that someone else care for the patient.
 - c. Attempt to discover why Mrs. M. Irritates you.
 - d. Just ignore the feeling.
 - e. Find out if others are annoyed too.

8. _____

9. If unsupervised, Mrs. M. applies makeup too freely.
This can best be handled by
- Encouraging her to dress attractively by giving her appropriate compliments.
 - Allowing her to apply makeup as freely as she chooses.
 - Applying the makeup for Mrs. M.
 - Keeping all makeup locked up, so that Mrs. M. cannot get it.
 - Telling Mrs. M. that only clowns wear so much makeup.
9. _____
10. The nursing care for this patient should center around
- Keeping Mrs. M. busy all the time.
 - Isolating Mrs. M., so that she will not upset others.
 - Being sure the patient is properly dressed.
 - Finding suitable activities as an outlet for energies.
 - Maintaining an adequate food intake.
10. _____
11. Mrs. M. needs an environmental setting that
- Is bright and stimulating.
 - Has many opportunities for participating in activities.
 - Is pleasant and homey.
 - Has little furniture, as she may throw it.
 - Is dark and nonstimulating.
11. _____
12. One day, Mrs. M. suddenly became irritated with you and knocked a glass of juice you were offering her to the floor. Then she suddenly burst into tears. You should
- Get help to put her in seclusion.
 - Get a mop and make her help you clean it up.
 - Leave her alone until she quiets down.
 - Sit with her quietly for a period of time.
 - Comment, "It's all right. I know you didn't mean to do it."
12. _____
13. During periods of extreme agitation, Mrs. M. may have to be temporarily secluded. You should
- Take care of her needs but make your visits very short.
 - Make frequent visits to Mrs. M.'s room and spend time with her.
 - Try not to do much talking in caring for Mrs. M., as she may become upset.
 - Check on her through the window rather than go in unless she needs care.
 - Do not knock as you enter her room, as the noise may excite her.
13. _____

Situation: Mrs. B., a 50-year-old housewife, was admitted to the psychiatric hospital because she no longer took any interest in her home or family. In the hospital, she would sit for long periods of time, staring into space. Her slumped posture indicated how hopeless she felt. At other times, she paced the hall, wailing, pulling at her hair, wringing her hands, and crying, "I have sinned." She expressed anxiety concerning her physical condition, saying that someone had removed her stomach. Mrs. B. made an unsuccessful attempt at suicide.

14. When Mrs. B. paces up and down the hall, wailing and pulling her hair, she is fulfilling a need for self-punishment. You can help her by

- a. Telling her to stop pacing and talk with other patients.
- b. Turning on a television program for her to watch.
- c. Asking the doctor for an order to seclude her.
- d. Restraining her to a chair where she can rest.
- e. Giving her a simple task to do.

14. _____

15. When Mrs. B. is deeply depressed, she refuses her tray, as she feels

- a. That she is unable to pay for the food.
- b. That the food is poisoned.
- c. That she is unworthy and does not deserve food.
- d. Too tired to eat anything.
- e. That the food belongs to someone else.

15. _____

16. Mrs. B. has a very poor appetite. To encourage her to eat, it would be helpful to

- a. Serve small, attractive portions.
- b. Serve a liquid diet.
- c. Serve only two meals a day.
- d. Serve the regular tray.
- e. Serve small portions of soft diet.

16. _____

17. In serving Mrs. B. her tray, it would be helpful to say,

- a. "The doctor says you must eat this."
- b. "If you don't eat, we'll have to tube-feed you."
- c. "Please eat this food for me."
- d. "You're losing weight. You must eat."
- e. "I'll stay with you while you eat."

17. _____

18. Mrs. B. is incontinent at night. The best way to handle this is by

- a. Toileting at regular times during the night.
- b. Keeping Mrs. B. up later at night.
- c. Commenting, "You can just clean up the bed."

- d. Restricting fluids after six o'clock.
e. Trying to find out what is disturbing Mrs. B. at night. 18. _____
19. Mrs. B. cries frequently, saying over and over again, "I have sinned. I'm to blame for the condition of the world. I'm a sinner." How can you handle this situation?
- a. Comment, "Don't worry. You're not to blame for world conditions."
b. Comment, "You should pray for forgiveness."
c. Sit with her and listen while she talks.
d. Tell her that other patients have problems too.
e. Console her by saying, "You didn't mean to do wrong." 19. _____
20. The danger of a suicidal attempt is greatest
- a. The first week after admission to the hospital.
b. When Mrs. B. is in deep depression.
c. When Mrs. B. is apparently beginning to feel better.
d. During the periods when Mrs. B. is very agitated.
e. After Mrs. B. has had visitors from home. 20. _____
21. If Mrs. B. says, "I wish I was dead. I have nothing to live for." You might comment,
- a. "You shouldn't say that. You have a nice family."
b. "Cheer up. You'll feel better tomorrow."
c. "You have lots to live for -- a nice home, family, and friends."
d. "It's too nice a day for such thoughts. Let's go for a walk."
e. "I'll sit here with you for a while, and we can talk." 21. _____
22. Mrs. B. was pulling at her hair and picking at her skin. You might handle this by
- a. Ignoring the activity.
b. Accepting the action and sitting with her.
c. Restraining her hands.
d. Reminding her that this is not acceptable.
e. Placing her in seclusion. 22. _____
23. When Mrs. B. is very depressed, she sits staring into space. How can you best show your interest in the patient at this time?
- a. Bring her some of her favorite candy.
b. Ask her how she feels at frequent intervals.
c. Sit down and talk to her, trying to cheer her up.
d. Sit quietly with Mrs. B. unless she wishes to talk.
e. Try to encourage her to participate in activities. 23. _____

24. Mrs. B. complains that she cannot eat because her stomach has been removed. How should you handle this problem?

- a. Tell her such talk annoys the other patients.
- b. Help her gain a feeling of security on the ward.
- c. Explain that the doctor said her stomach was all right.
- d. Ignore her complaint and change the subject.
- e. Laugh at her for thinking her stomach is gone.

24. _____

25. When Mrs. B. expresses feelings of unworthiness, you might say,

- a. "You haven't done anything wrong, Mrs. B."
- b. "Forget these ideas and join in the games."
- c. "Your family loves you, so you can't be too bad."
- d. "You worry too much. Just smile, and everything will be all right."
- e. "This is part of your illness. These feelings will disappear when you feel better."

25. _____

26. Mrs. B.'s personal appearance is important to her improvement because

- a. Fixing her hair will give Mrs. B. something to do.
- b. Mrs. B. will feel better when she is well dressed.
- c. She can go to an open ward if she is well dressed.
- d. The other patients will spend more time with her.
- e. She will not feel so guilty if she is well dressed.

26. _____

Situation: Miss L., aged 19, had been attending college until about three months ago. She had always been an excellent student but was shy and unable to make friends. She enjoyed playing the piano but, for the last few weeks, had done nothing but sit in her room, staring into space. Since admission to the hospital, she has shown no interest in her personal appearance, seldom speaks to anyone, resists any help offered, and expresses a feeling that people are against her.

27. The nursing care for Miss L. should be directed toward

- a. Helping her return to college.
- b. Encouraging her to play the piano again.
- c. Encouraging her to get more physical exercise.
- d. Helping her make friends with others.
- e. Helping her accept the fact that she cannot return to college.

27. _____

28. Miss L. needs to have some recreation. She should be encouraged to

- a. Play ping-pong with another patient.
- b. Play a game of solitaire.
- c. Play the piano again.

- d. Become interested in reading fiction.
- e. Take up some of her studies.

28. _____

29. Miss L. has difficulty sleeping in the dormitory with five other ladies. This is probably due to

- a. Missing the presence of her family.
- b. Worry over missing so much school.
- c. The fact that the hospital is strange to her.
- d. Her not being used to others sleeping in the same room.
- e. Her being afraid that one of the patients might harm her.

29. _____

30. The best way to handle the problem of Miss L.'s sleeplessness is to

- a. Get an order for a repeat sedative if needed.
- b. Reassure her that no one is going to hurt her.
- c. Sit in the dormitory and talk with her.
- d. Ignore it, and she will become sleepy enough to sleep.
- e. Transfer her to a single room.

30. _____

31. Miss L. frequently refuses to eat her food because she believes it might be poisoned. You might

- a. Tell her that she will be tube-fed if she does not eat.
- b. Ignore the fact that she is not eating.
- c. Taste the food and remain with her while she eats.
- d. Serve her a tray in her own room.
- e. Scold her for causing a disturbance.

31. _____

32. What is Miss L. expressing when she withdraws from people?

- a. Need to be alone.
- b. Hatred of people.
- c. Need to be loved.
- d. Desire not to participate.
- e. Selfishness.

32. _____

33. Miss L. refused her medications, saying, "I won't take that medication. It isn't doing me any good." What would you say?

- a. "If you don't take it, we'll have to give it with a needle."
- b. "You don't think we would give you something that would hurt you, do you?"
- c. "You have to take it, Miss L. The doctor ordered it."
- d. "Why do you feel the medication isn't helping you?"
- e. "Oh, be a good girl and take it quickly."

33. _____

34. Miss L.'s physical care should center around helping her to take an interest in her own personal hygiene. This is important because
- a. She will be more attractive to the other patients.
 - b. It is part of your work to see that she is well dressed.
 - c. It will be a step back to reality for her.
 - d. It will help to keep Miss L. busy.
34. _____
35. Miss L. disrobed in the dayroom, and when she was approached, she refused to put her clothes back on. You should
- a. Scold her for taking off her clothes.
 - b. Comment, "I should think you'd be ashamed."
 - c. Get help and forcibly dress her.
 - d. Secure an order to seclude her.
 - e. Take her to a side room and sit with her.
35. _____
36. Miss L. said a voice told her to disrobe. What would you say?
- a. "I don't hear any voice. Put on your clothes."
 - b. "Let me help you put your dress on, and we'll talk a while."
 - c. "Let me help you with the dress. The hospital rules say you must remain dressed."
 - d. "I'm sorry, but you must put the dress back on right away."
 - e. "Miss L., don't you see that the rest of us have our clothes on?"
36. _____
37. Miss L. has had nothing to do with the other patients, but she has developed a friendly relationship with you. How can you draw her into ward activity?
- a. Be friendly, and in time, she may join in.
 - b. Tell her she will never get well until she joins in.
 - c. Tell her the doctor wants her to join in.
 - d. Ask her to join a game to please you.
 - e. Begin by asking one other patient to join you and Miss L. in a game.
37. _____
38. Miss L. remarks, "You don't like me." What would you say?
- a. "I wouldn't be working here if I didn't like people."
 - b. "Miss L., you shouldn't say that. Of course I like you."
 - c. "I like you when you act in a nice way."
 - d. "I like you, Miss L. Why do you feel this way?"
 - e. "I brought you a magazine. Doesn't that show I like you?"
38. _____

Situation: Mrs. Jones, age 30, had just been admitted to the hospital. Her family had told her that she was just going for a ride. She had had to be forcibly taken into the admission office. As Mrs. Jones was being brought in, she screamed, "I'm not sick. You're all against me. I'll get even with you for this." Upon arrival at the ward, she appeared hostile and sullen.

39. Her husband came with her to the ward. He seemed very concerned for his wife. You might comment to him,

- a. "You'd better go now. Your wife is very upset."
- b. "This is not the proper way to bring a patient to the hospital."
- c. "We'll take good care of your wife. Come to see her often."
- d. "Come to see her on visiting day. Your wife will forgive you when she feels better."
- e. "You shouldn't have lied to your wife. It only makes coming to the hospital harder."

39. _____

40. During admission, Mrs. Jones kept repeating, "I hate my husband. I don't belong in here. He's just trying to get rid of me." You might comment,

- a. "You know you don't hate him. You should never hate anyone."
- b. "You'll feel differently in a few days."
- c. "Your husband was just trying to help you. He must feel you should be here."
- d. "The doctor wouldn't have admitted you unless he felt you needed help."
- e. "You feel you do not belong here. Shall we talk awhile?"

40. _____

41. When the patient was undressing, you noticed that Mrs. Jones was very shy. You might help her by

- a. Commenting, "This will be over in a few minutes."
- b. Offering her a towel to put around her.
- c. Talking to her about other things.
- d. Pretending you do not notice.
- e. Leaving the room until she is undressed.

41. _____

42. In caring for Mrs. Jones' clothing, it is important that you fold it neatly because

- a. This is one way of showing you are interested in Mrs. Jones.
- b. If clothes become damaged, it is very costly for the hospital.
- c. Folding the clothes lessens the danger of loss.
- d. Then Mrs. Jones will not object to having her clothes sent for marking.
- e. It makes the clothes easier to handle if they are in order.

42. _____

43. Mrs. Jones was upset when she was asked to put on hospital clothing. You should explain,

- a. "The doctor has ordered that you put this clothing on."
- b. "It is a rule that new patients wear hospital clothing."
- c. "You'll get your clothing back in a few days. Just put this on now."
- d. "Your clothing is being marked with your name, so it will not get lost in the laundry."
- e. "Don't get upset, Mrs. Jones. You'll get your clothing back in a few days."

43. _____

44. It is important to introduce Mrs. Jones to the ward personnel because this will help

- a. Mrs. Jones know all their names.
- b. The ward personnel know Mrs. Jones.
- c. To make Mrs. Jones feel accepted.
- d. Mrs. Jones know how much help there is.
- e. Distract her thoughts from her admission.

44. _____

45. Mrs. Jones does not understand why she cannot smoke in her own room. You might explain,

- a. "There is danger of falling asleep with a lighted cigarette."
- b. "You can smoke only when an aide is with you."
- c. "Some patients try to set fires, so we cannot have smoking in bed."
- d. "The rules say you can only smoke in the dayroom."
- e. "Smoke in the bedroom bothers some patients."

45. _____

46. In reassuring Mrs. Jones concerning her fears about being locked in, it would be helpful to comment,

- a. "We have to lock the doors, or some patients would run away."
- b. "The hospital rules say the doors must be locked."
- c. "Forget about it. Go out and join the other patients in a game."
- d. "We'll unlock the door when it's time for a walk."
- e. "Come and talk to me about how you feel."

46. _____

47. Mrs. Jones was disturbed because she could not keep her money. You may reassure her by saying,

- a. "This is for your protection. Some patients would take it away from you."
- b. "You haven't any need for money in here."
- c. "Keep some money, but don't tell me about it if you lose it."
- d. "This is just like a bank. You may get your money as you need it."
- e. "The hospital rule states that all money must be kept at the desk."

47. _____

48. After a visit from her husband, Mrs. Jones became very upset, pounding on the wall and shouting, "I'm not sick. My husband just wanted to get rid of me." To help Mrs. Jones, you could

- a. Try to distract her by talking about something else.
- b. Comment, "Just try to forget about it. You know your husband loves you."
- c. Comment, "Your husband was only doing it to help you."
- d. Sit with her and listen until she quiets down.
- e. Convince her by logical reasoning that her husband was only trying to help her.

48. _____

49. Mrs. Jones wrote a letter to a friend and sealed the envelope before handing it in to the desk. You should

- a. Accept the sealed envelope and open it after Mrs. Jones leaves the desk.
- b. Comment, "Mrs. Jones, I've told you before--you cannot seal the envelope."
- c. Comment, "I'm sorry, Mrs. Jones, you will have to open the envelope."
- d. Tell Mrs. Jones she may not write letters unless she leaves the envelope open.
- e. Comment, "I'm sorry, the envelope must be left open. Would you like to talk about it?"

49. _____

50. One day, Mrs. Jones tried to run away from a group out walking. She was apprehended and returned to the ward. The best way to handle this is to

- a. Take away privileges for two weeks.
- b. Watch Mrs. Jones carefully when she leaves the ward.
- c. Warn her that if this happens again, she cannot go walking.
- d. Place Mrs. Jones between two aides on the next walk.
- e. Encourage her to talk about why she ran away.

50. _____

Situation: Mrs. J., a housewife, was brought to the psychiatric hospital when she was no longer able to accomplish her work about the house because of a constant desire, which she could not control, to scrub her hands, the walls, and the furniture.

51. After her admission to the hospital, Mrs. J. still needed to wash her hands over and over again. What should your attitude be toward this symptom?

- a. Allow her to wash as often as she needs to.
- b. Remove all soap from the bathroom.
- c. Set up a schedule for washing.
- d. Lock the bathroom door, so that she cannot wash.
- e. Talk with her about how absurd this behavior is.

51. _____

52. Mrs. J. feels that all door knobs are contaminated and must be handled with paper tissues. What is the best way to handle this?

- a. Scold her for wasting the paper tissues.
- b. Through logical reasoning, show her this is not necessary.
- c. Allow her to do this because it relieves her anxiety.
- d. Forbid her to use the paper tissues.
- e. Laugh at her and try to get her to touch the knob with her bare hands.

52. _____

53. Acceptance of Mrs. J. is probably best expressed by

- a. Allowing the patient to act out her needs without placing any limitations.
- b. Accepting behavior if it meets the rules of the ward.
- c. Saying, when a rule is violated, "I see you misbehaved this morning. I know you won't do it again."
- d. Saying, when a rule is violated, "Let's talk it over. I'll try to understand."
- e. Setting up special rules to meet Mrs. J.'s behavior.

53. _____

54. In caring for the aged psychiatric patient, all members of the team must work together to help the patient by

- a. Planning an activity program that will keep the patient very active.
- b. Planning an activity program that will meet the needs of this patient.
- c. Planning an activity program that will provide both very active and quiet games.
- d. Setting up a schedule of activity that must be adhered to.
- e. Each writing out a schedule, so that there will be no overlap in activities.

54. _____

Situation: Mr. X., 82 years of age, had recently been admitted to the psychiatric hospital. He is irritable, forgetful, and often rather childish in his actions. At times, he misidentifies people on the ward and feels he is being persecuted.

55. Mr. X. has not been eating well since he came to the hospital. He repeatedly says that no one cares. You might solve this dietary problem by

- a. Serving small portions of the food in an attractive way.
- b. Commenting, "I like you. Please eat the food for me."
- c. Commenting, "I'll sit here with you if you'll eat your food."
- d. Finding out which foods he especially likes.
- e. Serving a soft diet, so that the food will be easy to eat.

55. _____

56. The nursing care of Mr. X. should center around

- a. Helping Mr. X. lead a very active life.
- b. Making sure Mr. X. gets the proper amount of rest.
- c. Teaching Mr. X. good personal hygiene.
- d. Helping Mr. X. feel that he is important.
- e. Making sure Mr. X. knows everyone on the ward.

56. _____

57. Mr. X. should be encouraged to write letters because

- a. It will give him a worthwhile occupation.
- b. This is a quiet form of recreation.
- c. It will make his family happy.
- d. It will keep him in touch with the outside world.
- e. It is good exercise for his hands.

57. _____

58. Mr. X. has difficulty sleeping nights and often gets up and wanders about the ward. This is disturbing to the other patients. It can best be handled by

- a. Allowing no daytime nap, so that he will be tired enough to sleep.
- b. Locking the door to his room, so that he cannot lie down during the day.
- c. Giving him a glass of milk and sitting by his bed a short time.
- d. Securing an order for sleeping pills.
- e. Restraining him at night, so that he cannot get up.

58. _____

59. Mr. X. often misidentifies people on the ward. He confuses them with friends of the past. This is often the case with elderly patients, because

- a. Their eyesight is no longer very good.
- b. People look like their old friends.
- c. Their memory for the present is poor.
- d. Their thoughts are far away.
- e. This is a good way to get attention.

59. _____

60. One of the emotional needs of the older patient is to

- a. Be alone for a long period each day.
- b. Keep some possessions of the past with him.
- c. Feel very dependent on the ward personnel.
- d. Get a rest each afternoon.
- e. Have a nourishing diet.

60. _____

61. In preparing the ward environment for caring for the older patient, it is important to

- a. Remove all scatter rugs.
- b. Have high hospital beds in order to give better care.
- c. Have all rooms private.
- d. Keep the ward very quiet.
- e. Prohibit any hoarding.

61. _____

62. When Mr. X. receives letters or small gifts, he carries them about with him because he fears someone will take them. Often, he loses them, or they are thrown in the laundry; then Mr. X. becomes very upset. This can best be handled by

- a. Destroying them when he lays them down, so that they are out of the way.
- b. Making him leave everything in his room.
- c. Locking them up at the desk for safekeeping.
- d. Giving him a bag to keep his possessions in.
- e. Telling him they wouldn't get lost if he'd leave them in his room.

62. _____

63. Often, older people appear apathetic. This is because they

- a. Easily lose their balance.
- b. Are thinking of the past.
- c. Are so forgetful.
- d. Have been ill for a long time.
- e. Feel that they are no longer useful.

63. _____

64. Mr. X. walks up to you and says, "Please let me out. I have to go to work now. The store opens at eight o'clock." What would you say?

- a. "You don't have to go to work. Today is a holiday. The store is closed."
- b. "You don't own a store any more. Go out and sit down on the porch."
- c. "You'll have to wait, Mr. X. I haven't got time right now."
- d. "You used to own a store, didn't you? Tell me about it."
- e. "Don't worry about the store. Someone else is doing the work today."

64. _____

65. Our attitude toward Mr. X. should show him that we

- a. Feel sorry for him because he has grown old.
- b. Feel sympathy for him because he cannot always help himself.
- c. Will try to understand his actions.
- d. Feel genuine interest in his well-being.
- e. Will always be patient with him.

65. _____

66. A calendar should be put in a prominent place on the ward, because aged people are often

- a. Delusional.
- b. Disoriented.
- c. Apathetic.
- d. Easily offended.
- e. Insecure.

66. _____

Situation: Miss C., aged 25, had been an English teacher. She had always been withdrawn and unable to make close friends. Toward the end of the school term, it was noticed that her personal appearance had deteriorated and that she was very moody. In the hospital, she heard voices, sat on the floor, and refused to take care of her personal hygiene.

67. The nursing care of Miss C. should be directed toward

- a. Assuring her she will be able to teach again.
- b. Making sure she is dressed properly.
- c. Providing frequent rest periods.
- d. Helping her become interested in reality.
- e. Helping her become interested in reading again.

67. _____

68. Miss C. said, "The people on television are sending me messages. Do you ever get messages over television?" You might say,

- a. "No, I never get messages. What are they saying to you?"
- b. "No, I never have. You can't be getting messages either; these people don't know you."
- c. "This is all foolishness. People don't send messages over television."
- d. "No, messages are not sent over television that way. Would you like to talk for a while?"
- e. "No. Forget the voices and come on and play cards."

68. _____

69. When Miss C. starts to eat her food with her fingers, you should

- a. Remove her from the dining room.
- b. Take a spoon and start feeding her.
- c. Comment, "Ladies do not eat with their fingers."
- d. Ignore the situation, and Miss C. will stop.
- e. Hand her a fork and sit with her.

69. _____

70. At times, Miss C. would smear herself and the walls of her room. This problem can best be met by

- a. Ignoring this symptom.
- b. Commenting, "You should know better than to do this."
- c. Making her clean up the room.
- d. Restricting her to her room.
- e. Spending more time with Miss C.

70. _____

71. In attempting to help Miss C. become interested in reality again, you should encourage her to

- a. Read books of literature.
- b. Take care of her own personal hygiene.
- c. Take frequent rest periods.
- d. Go to the movies regularly.
- e. Learn to play a new card game.

71. _____

72. When Miss C. was planning on going home on a weekend pass, she said, "My mother is going to be scared of me when I come home." What would you say?

- a. "Why do you feel your mother will be afraid of you?"
- b. "Your mother loves you. You shouldn't feel like this."
- c. "Why should your mother be afraid of you?"
- d. "Don't think about it. Just go home and have a good time."
- e. "You know your mother wouldn't be afraid of you."

72. _____

73. After admission, Miss C. started voiding on the floor because she

- a. Wanted to make extra work.
- b. Is a troublesome patient.
- c. Is too confused to know her directions.
- d. Is showing her resentment of the hospital.
- e. Is too tired to go to the toilet.

73. _____

74. The best way to solve this problem is to

- a. Make her mop the floor.
- b. Scold Miss C. when this happens.
- c. Restrict fluids.
- d. Keep her in her own room.
- e. Accept her behavior.

74. _____

Situation: Mr. W., a 38-year-old mechanic, father of four children, was admitted to the psychiatric hospital for the fifth time. His parents had been very strict and had shown him little love as a child. While in high school, he had started drinking with some of the boys. He has always had difficulty in keeping a job because he would argue with his boss. Gradually, his drinking had increased until now he drank a pint of whiskey a day.

75. The nursing care should be directed toward

- a. Making Mr. W. feel he is an acceptable person.
- b. Helping him develop leadership ability.
- c. Encouraging him to work harder at his job.
- d. Helping him get his proper rest.
- e. Encouraging him to become interested in a hobby.

75. _____

76. In working with Mr. W., you should

- a. Be nonjudgmental and listen when he needs to talk.
- b. Listen to Mr. W. and tell him how wrong it is to drink.
- c. Tell Mr. W. he could stop drinking if he wanted to.
- d. Praise his wife for the good job she does caring for the family.
- e. Tell Mr. W. he has such a fine family that he has no reason for drinking.

76. _____

77. During the withdrawal period, Mr. W. was always standing by the office door, asking when it would be time for his next medication. You might handle this by commenting,

- a. "I told you it would be given at ten o'clock. You can watch the clock."
- b. "Don't worry about it. We will be sure you get it on time."
- c. "You should go in and play games with the men. The time would go faster."
- d. "It is not time yet. Suppose we go play a game of checkers."
- e. "Why don't you go lie down for a while? We will bring it to you when it is time."

77. _____

78. On a ward that is permissive, Mr. W. will

- a. Tell the personnel what to do.
- b. Have unlimited freedom.
- c. Plan his activities with personnel.
- d. Come and go when he pleases.
- e. Live within strict ward rules.

78. _____

Situation: The court had committed Mr. Brown, aged 26, to the hospital for one year on charges of illegal possession and use of Demerol.

79. One of the characteristics of a drug addict is a childish interest in self. This symptom is called

- a. Narcissism.
- b. Delusion.
- c. Anxiety.
- d. Neurosis.
- e. Psychosis.

79. _____

80. Games of competition are good for Mr. Brown because they

- a. Teach him to be a good loser.
- b. Raise his self-esteem when he wins.
- c. Improve his physical health.
- d. Make him a part of ward activity.
- e. Teach him to accept limitations set by rules.

80. _____

81. Your attitude in approaching Mr. Brown should not be

- a. Judgmental.
- b. Firm.
- c. Understanding.
- d. Accepting.
- e. Permissive.

81. _____

82. Mr. Brown has skill in the art of manipulation. This means

- a. He has mechanical skill.
- b. He cheats at games.
- c. He knows how to escape.
- d. He has skill in getting his own way.
- e. He has skill in doing things with his hands.

82. _____

Situation: Jane, 13 years of age, comes from a broken home. She has never known the love and security of a good family life. Lately, she has been having difficulty in school and has been unable to make her grades, although until recently, she had been considered a good scholar. Jane has been fighting with some of the other girls and skipping school occasionally, and there had been some question of her stealing money, which had brought her to the attention of the authorities. Since coming to the hospital, Jane has been sullen and hostile, often starting fights with the other teen-agers.

83. The nursing care for Jane should be directed toward

- a. Keeping Jane out of trouble.
- b. Helping Jane to learn to trust others.
- c. Being very permissive at all times.
- d. Making sure Jane gets the proper rest.
- e. Setting strict, rigid rules.

83. _____

84. Whenever Jane sees one of the teen-agers alone, she starts a fight. The best way to handle this is to

- a. Use reason to show Jane that fighting does not help.
- b. Encourage the other girls to get together and beat Jane up.
- c. Point out that others will not like her if she fights.
- d. Attempt to find out what need Jane is expressing.
- e. Talk with Jane about the proper way to behave.

84. _____

85. One day, Jane's mother came to see her. She brought her a new book. Jane became angry and tore the book up and ran to her room, shouting, "I hate you." You might handle this situation by

- a. Making Jane come back and tell her mother she's sorry.
- b. Letting Jane stay in her room until she gets over her angry feelings.

- c. Commenting, "You shouldn't act like that with your mother."
- d. Letting Jane talk out her feelings about her mother.
- e. Giving Jane a new book and saying nothing about what has happened.

85. _____

86. Adolescence is a time of conflicts. One of these conflicts is brought about because of a need for

- a. Love and hate.
- b. Dependency and independency.
- c. Work and play.
- d. Encouragement and discouragement.
- e. Acceptance and rejection.

86. _____

87. The nursing team can help Jane learn to accept authority by

- a. Working together and setting limits that are fair and consistent.
- b. Planning an activity program that will keep Jane so busy she will not break rules.
- c. Making Jane responsible for her own actions.
- d. Setting up a schedule, so that she knows what is expected of her.
- e. Being very lenient when Jane forgets and does something wrong.

87. _____

88. Jane has a great need to be socially accepted by the other teenagers. This is a need for

- a. Power.
- b. Approval.
- c. Security.
- d. Courage.
- e. Trust.

88. _____

89. When asked why she has done something, Jane often rationalizes. By this is meant that she

- a. Lies about what she has done.
- b. Blames her acts on someone else.
- c. Unconsciously tries to justify the act.
- d. Consciously evades all questions.
- e. Refuses to answer any questions.

89. _____

90. Often, trouble arises on the ward because the teen-agers and the older patients do not want the same program on television. How can you handle this?

- a. Take a vote on which program will be turned on.
- b. Turn the set off until they reach some agreement.

- c. Form a rotating committee to choose the programs.
- d. Post a schedule that contains a wide variety of programs.
- e. Tell the teen-agers that it is polite to let the older patients choose.

90. _____

Situation: Miss Cox had been a patient in the psychiatric hospital for the past three months. She had been admitted to the hospital owing to a severe depression. Now the doctor felt she was ready to work in the dining room and could be transferred to an open ward.

91. That night, Miss Cox was restless and unable to sleep.
You might help her by

- a. Obtaining an order for a sedative.
- b. Commenting, "If you don't quiet down, the doctor will not transfer you."
- c. Commenting, "Don't worry, this means you'll go home soon."
- d. Talking with the patient and showing her how lucky she is to be transferred.
- e. Sitting with the patient and letting her talk about the transfer.

91. _____

92. In the morning, Miss Cox was still very upset. How can you help her?

- a. Take her for a long walk to distract her thoughts.
- b. Comment, "I'll ask the doctor if you can't remain on this ward."
- c. Comment, "Let's walk over to the other ward and see your room."
- d. Comment, "You shouldn't be unhappy; this shows you are getting well."
- e. Comment, "Don't worry. There are a lot of other nice patients over there."

92. _____

93. The term convalescent patient in a psychiatric hospital means

- a. A patient who is ready to go home as soon as a job can be found.
- b. A patient who can care for his basic needs and is preparing to go home.
- c. A patient who is able to do some work with industrial therapy.
- d. A patient who is not receiving such treatments as E.S.T. and insulin therapy.
- e. A patient who is well adjusted to life in a psychiatric hospital.

93. _____

94. One of the dangers that you must guard against during the convalescent period is

- a. Injury.
- b. Suicide.
- c. Elopement.
- d. Illness.
- e. Homicide.

94. _____

95. The nursing care for the convalescent patient should be directed toward

- a. Encouraging the patient to work on the ward.
- b. Directing the patient to care for his needs in a kindly and friendly way.
- c. Carefully observing the patients so that they do not elope from the open ward.
- d. Encouraging the patients to join hospital activities.
- e. Giving support and encouragement to the patients to accept responsibility for their own needs.

95. _____

96. After Miss Cox has been on the ward for about two weeks, she suddenly says she is unable to go to work. The doctor can find nothing physically wrong. This might mean

- a. She is pretending to be ill in order to get attention.
- b. She doesn't like this kind of work.
- c. She has fears about facing the community again.
- d. She doesn't want to spend her time working.
- e. She is planning a way to elope from the hospital.

96. _____

97. The goal of treatment for Miss Cox must be to help the patient gain

- a. Social skills that will enable her to meet others.
- b. Industrial skill by which she can earn her living.
- c. Emotional security that will enable her to meet her own problems.
- d. New hobbies that will help her to keep busy on lonely evenings.
- e. Physical strength that will enable her to care for her home again.

97. _____

Situation: Mrs. White, 45 years of age, had been admitted to the hospital because of severe depression. The doctor has ordered electroshock therapy.

98. Mrs. White always gets very upset when she knows she is going to have E.S.T. The best way to handle this is by

- a. Not telling her until ten minutes before she is scheduled for treatment.
- b. Having Mrs. White remain quietly in bed until time for treatment.
- c. Giving Mrs. White the opportunity to talk over her fears of treatment.
- d. Commenting, "It is not going to hurt you. Look at Mrs. X., she has had ten treatments."
- e. Commenting, "Don't worry. The doctor would not have ordered E.S.T. unless it would help."

98. _____

99. Tension mounts as patients are waiting for E.S.T.
How can you help to relieve this tension?

- a. Encourage the patients to join the others in the dayroom.
- b. In a firm, kindly voice, assure them they have nothing to fear.
- c. Encourage the patients to stay in their own rooms until called.
- d. Provide for quiet and rest before treatment.
- e. Provide for music and conversation before treatment.

99. _____

100. The nursing care for a patient having E.S.T. must be directed toward

- a. Helping the patient with her personal hygiene.
- b. Keeping the patient from becoming too confused.
- c. Assuring the patient that E.S.T. is going to help her go home.
- d. Providing recreational therapy after treatment.
- e. Giving support, reassurance, and comfort.

100. _____

**Key to Pretest and Achievement Test
for Unit on Aide-Patient Relations**

1. d	26. b	51. a	76. a
2. b	27. d	52. c	77. d
3. a	28. a	53. d	78. c
4. c	29. e	54. b	79. a
5. b	30. e	55. d	80. e
6. e	31. c	56. d	81. a
7. d	32. c	57. a	82. d
8. c	33. d	58. c	83. b
9. a	34. c	59. c	84. d
10. d	35. e	60. b	85. d
11. c	36. b	61. a	86. b
12. d	37. e	62. d	87. a
13. b	38. d	63. e	88. b
14. e	39. c	64. d	89. c
15. c	40. e	65. d	90. c
16. a	41. b	66. b	91. e
17. e	42. a	67. d	92. c
18. e	43. d	68. d	93. b
19. c	44. c	69. e	94. b
20. c	45. a	70. e	95. e
21. e	46. e	71. b	96. c
22. b	47. d	72. a	97. c
23. d	48. d	73. d	98. c
24. b	49. e	74. e	99. e
25. e	50. e	75. a	100. e

APPENDIX III

OBJECTIVES FOR UNIT ON AIDE-PATIENT RELATIONS

Central

Objective: To promote effective aide-patient relationship through developing knowledge, attitudes, and skills needed by the aide to give nursing care to psychiatric patients in regard to their emotional, mental, social, spiritual, and physical needs.

Contributory Objectives:

To develop an operational knowledge of:

1. Some of the commonly used psychiatric terms.
2. How our feelings, thoughts, prejudices, limitations, and abilities can be used constructively.
3. The needs of the psychiatric patient and the way these needs are expressed through behavior.
4. The work performed by various members of the psychiatric team.
5. The aide's place on the psychiatric team.
6. Principles of nursing care for the psychiatric patient.

To develop an attitude of:

1. Interest in patients which is sustained even when no recovery is noticeable over a long period of time.
2. Warmth, friendliness, and understanding while yet remaining objective.
3. Hopefulness which is communicated to the patient.
4. Calmness in meeting emergency situations.
5. Cooperativeness with other members of the psychiatric team.
6. Acceptance of the patient as the person he is.

To develop skill in:

1. Creating a therapeutic environment.
2. Communicating belief in the worth and dignity of man.

3. Identifying and meeting the needs of the patient as expressed by behavior.
4. Directing the patients and setting limits as needed with fairness and consistency.
5. Recognizing, reporting, and recording behavioral changes.
6. Listening to the patient.
7. Utilizing nursing procedures as a means of interacting with patients.
8. Helping the patient adjust to new situations.
9. Knowing when to seek guidance.

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APPENDIX IV

DEFINITIONS OF TERMS FOR UNIT ON AIDE-PATIENT RELATIONS

ABSENCE OF INSIGHT - unawareness of one's own condition.

AGITATION - restlessness; expression of emotional tension.

ANXIETY - a feeling of uneasiness or apprehension which arises from within, with no obvious cause in the environment.

APATHETIC - indifferent; lacking emotion; having no interest.

APPREHENSIVENESS - anticipation of something undesirable.

ASSAULTIVE - tending to violent attack (can be either physical or verbal).

BLOCKING - cessation of speech or thought.

CATATONIC - characterized by stupor and muscular tension; may exhibit sudden emotional outbursts.

CHRONIC - pertaining to a condition of long duration.

COMBATIVE - disposed to fight.

COMPULSION - a repetitive act which apparently is meaningless and is performed without conscious planning.

DELUSION - a false belief that cannot be changed by reason and is not in harmony with the patient's education and environment.

DEPRESSION - a persistent feeling of sadness.

DETERIORATION - a progressive loss of abilities.

DISORIENTED - unable to identify time, place, or person.

EUPHORIC - characterized by an exaggerated feeling of physical and mental well-being.

HALLUCINATION - false perception, as hearing voices or seeing things when nothing is present which could be misinterpreted.

HOARDING - collecting or saving articles.

HOSTILE - unfriendly.

ILLUSION - a false interpretation of sensual perception.

IRRITABILITY - extreme annoyance.

NARCISSISM - love of self.

NEGATIVISTIC - resisting by not doing what is expected or doing the opposite of what is requested.

OBSCENE LANGUAGE - language that is indecent.

PARANOID - having a false belief that one is being persecuted.

PROJECTION - the putting off on to someone else of something one does not like about oneself.

PSYCHOSIS - a severe type of mental illness characterized by delusions, hallucinations, etc.

RATIONALIZATION - process of making unreasonable behavior seem reasonable to self and others.

REGRESSION - a return to behavior that is more infantile than is usual for one's age and education.

REPRESSION - a process whereby unacceptable thoughts and impulses are forced into the unconscious and forgotten.

SUPPRESSION - the conscious forgetting of undesirable thoughts or impulses.

APPENDIX V

A SAMPLE LESSON PLAN FOR TEACHING THE UNIT ON AIDE-PATIENT RELATIONS BY THE CASE METHOD

Nursing Care of the Withdrawn Patient

Central Objective: To promote effective aide-patient relationship through developing the knowledge, the attitudes, and the skills necessary to give nursing care to the withdrawn patient.

Contributory Objectives:

1. To develop an understanding of the meaning of withdrawn in terms of patient behavior.
2. To acquire some knowledge of the signs and symptoms of confusion and unrealistic thinking evidenced by the withdrawn patient.
3. To gain some insight into one's feelings, thoughts, prejudices, abilities, and limitations in working with the withdrawn patient.
4. To develop ability to show warmth and friendliness in approaching withdrawn patients.
5. To develop an appreciation of the work of the psychiatric team in helping the patient accept reality.
6. To develop an awareness of the aides' role on the treatment team.
7. To acquire some knowledge of the type of environment in which the withdrawn patient may be socially comfortable.
8. To develop skill in using nursing care procedures as a means of developing a friendly relationship.
9. To develop skill in caring for the withdrawn patient that will help the patient develop self-esteem and a feeling of worthiness.
10. To develop ability to notice signs of interest expressed by the withdrawn patient and to use these interests in working with him.

Case:

Miss Benson, 19 years of age, a sophomore in university, had always been a shy, reserved person who had difficulty making friends. She was intelligent, her chief interests being classical literature and music. Recently, her personal appearance had deteriorated, she

spent more and more time with her daydreams, and finally, she refused to return to school.

In the hospital, Miss Benson remained by herself, spending most of the time in bed, and took no responsibility for her own personal hygiene. She seemed frightened when anyone went near her and tried to cover her face or stared at a blank wall, pretending she didn't know they were there. She showed no initiative in caring for her room or in entering into any activity.

One day, Miss Harris, a psychiatric aide, went in to talk with Miss Benson. She greeted her by saying, "Hello, Miss Benson. Isn't it nice out today?"

The only sign that Miss Benson made to indicate she heard was to pull the covers tighter around her head. Miss Harris nervously continued, "I brought you a magazine. Wouldn't you like to sit up and look at it with me? It is a travel magazine, all about Mexico."

Miss Benson would have nothing to do with Miss Harris. Finally, Miss Harris said, "Would you like me to leave now?"

She received no answer, so she got up and left without saying any more. In the days that followed, the aides, for the most part, withdrew from Miss Benson unless some physical care was needed. This care was then given as quickly as possible, with little attempt at conversation.

One day, Mrs. Anderson, a new aide on the ward, became very interested in Miss Benson and decided to attempt to interest her in activities. When she brought in her evening tray, Mrs. Anderson set it on the bedside stand, and going over to Miss Benson, she said, "I'm Mrs. Anderson. I brought you dinner in. Wouldn't you like to sit up and eat?"

Miss Benson made no reply, nor in any way indicated that she had heard. Mrs. Anderson sat down close to the bed and just remained quiet. After a period of time, Miss Benson turned to look at Mrs. Anderson. Mrs. Anderson offered her the tray and fed her a small amount.

Mrs. Anderson continued to spend some time with the patient each day but got no response other than that the patient would sit up and take her food when Mrs. Anderson brought it in to her. Then, one day after a period of about three weeks, Miss Benson smiled at Mrs. Anderson when she came in with the tray.

The next day, when Mrs. Anderson went in to see Miss Benson, she asked if she would not like to get up and dress for dinner. Miss Benson did get out of bed but said, "I don't want to dress."

To Mrs. Anderson's surprise, on the following day, Miss Benson met her at the door, fully dressed but rather disheveled looking. Mrs. Anderson exclaimed, "How nice to see you up and dressed. But the dress is not buttoned correctly. Here, let me do it for you."

Miss Benson would have nothing to do with Mrs. Anderson for the rest of that day. Later, she went out into the dayroom and voided on the floor.

Miss Harris saw her and said, "Now, Miss Benson, you know better than that. This type of behavior is not acceptable on this ward." Getting a mop, she asked Miss Benson to mop up the floor. Then, handing her a clean dress, she said, "Go to your room and change your dress."

Next morning, when Mrs. Anderson came on duty, she found Miss Benson in bed, face to the wall, responding to voices. She greeted Miss Benson and went over and sat for a time quietly beside her bed.

Questions for study:

1. What behavior shows that Miss Benson is trying to withdraw from reality?
2. How does Miss Harris try to help Miss Benson maintain contact with reality? What did Mrs. Anderson do?
3. Why did Miss Benson void on the floor in the dayroom? How did Miss Harris handle this situation? What would you have done?
4. Why did Miss Benson have nothing to do with Mrs. Anderson after she had buttoned her dress correctly?
5. How could you help Miss Benson take more interest in her appearance?

APPENDIX VI

A SAMPLE LESSON PLAN FOR TEACHING THE UNIT ON AIDE-PATIENT RELATIONS BY THE LECTURE-DISCUSSION METHOD

Nursing Care of the Withdrawn Patient

Central Objective: To promote effective aide-patient relationships through developing the knowledge, the attitudes, and the skills needed to give nursing care to the withdrawn patient.

Contributory Objectives	Course Content	Activities
To develop an understanding of the meaning of <u>withdrawn</u> in terms of patient behavior.	I. Definition: The patient who withdraws from the world of reality into a world of phantasy or day-dreams. A. Thoughts and Emotions: - Often seemingly unaware of world about. - Lacks interest in surroundings. - Insecure, shy, reserved. - Unfriendly--isolates himself. - Daydreams. - Often confused. - Delusions and hallucinations. - Loss of affect.	Lecture. Discussion. Describe the personality of a withdrawn patient you have taken care of.
To acquire some knowledge of the signs and symptoms of confusion and unrealistic thinking evidenced by the withdrawn patient.	B. Behavior: - May withdraw from people and ward activity--shyness. - Actions unpredictable. - May respond to voices. - May be uncooperative. - Smear, undress, regress to childish actions. - Isolates himself. - May be catatonic, show stereotype actions. - May cry or laugh without apparent reasons.	

Contributory Objectives	Course Content	Activities
	C. Speech: - Conversation often meaningless. - Sometimes mute. - Delusional content. - Grimaces and mannerisms frequent. - Negativistic. - Inattentive. - Humorless. D. Physical Appearance and Personal Hygiene: - May neglect personal hygiene: - Cleanliness. - Grooming. - Elimination. - Suspicious of food. - Often feet may swell, blister. - Appears haggard and worn. - Loss of weight. II. Aides' attitude toward withdrawn patient and the treatment: - Empathy. - Honesty. - Resourcefulness. - Interest. - Acceptance. - Friendliness. - Tact. - Realistic attitude. III. Planning the nursing care of the withdrawn patient on the basis of the patient's needs as shown by his behavior: A. Needs: - Love. - Security. - Feeling of belonging. - Interests. - Acceptance. - Friendship. - Spiritual needs. - Personal hygiene. - Exercise and rest. - Dietary needs.	What are the symptoms of unrealistic thinking? How can you constructively work with a withdrawn patient? What needs is the withdrawn patient expressing?
To gain some insight into one's feelings, thoughts, prejudices, abilities, and limitations in working with the withdrawn patient.		
To develop ability to show warmth and friendliness in approaching withdrawn patients.		

Contributory Objectives	Course Content	Activities
To develop skill in caring for the withdrawn patient that will help the patient develop self-esteem and a feeling of worthiness.	B. Nursing Care: - Show interest--acceptance: - Sit with the patient. - Warm, friendly approach. - Look for signs of patient's interests. - Protect from unpleasant situations. - Avoid arousing suspicions. - Do not demand decisions until patient is ready. - Reassure--encourage. - Help patient to find life more attractive than daydreams: - Praise when warranted. - Help him to feel he has something to contribute. - Make the most of interests shown. - Show friendship: - Plan to spend time with patient. - Attempt to draw patient into activity. - Help patient feel a part of group--comfortable. - Warm, friendly approach. - Provide for spiritual needs: - Opportunity to worship. - Opportunity for visits from clergy, to receive sacraments, and for prayer. - Supervise personal hygiene: - Bathing. - Oral hygiene. - Grooming. - Nails. - Habits of elimination. - Encourage dressing suitably and attractively. - Diet: - Nourishing. - Likes and dislikes. - Serve attractively. - Encourage exercise and activity.	What are the chief aims in the nursing care of these patients? How can we help the patient gain self-esteem?
To develop ability to notice signs of interest expressed by withdrawn patients and to use these interests in working with them.		
To develop skill in using nursing care as a means of developing a friendly relationship.		

Contributory Objectives	Course Content	Activities
	IV. Treatment:	
	A. Activities:	
To develop an appreciation of the work of the psychiatric team in helping the patient accept reality.	1. Prescribed by physician and may include: - Group psychotherapy. - Insulin therapy. - Recreational therapy. - Industrial therapy.	What type of recreational therapy is good for a withdrawn patient?
	B. Nursing Care:	
To develop an awareness of the aides' role on the psychiatric team.	1. Know care of patient before, during, and after treatment. 2. Learn past interests and encourage participation in these. 3. Encourage patient to help in ward work or the work assigned.	How can we participate in the treatment of the withdrawn patient?
	C. Therapeutic Environment:	
To acquire some knowledge of the type of environment in which the withdrawn patient may be socially comfortable.	1. Stimulating, cheerful. 2. Clean, pleasant. 3. Give feeling of security. 4. Well-ventilated.	How would you set up a therapeutic environment for the patient?
	V. Summary --Principles Emphasized:	
	A. Communicate to the patient the worth and dignity of man.	
	B. Adapt activity to the patient's level of development.	
	C. Show acceptance of the patient as a person.	
	D. Provide for dependency and independency needs.	
	E. Help the patient form relationships.	
To understand the important principles which promote effective aide-patient relationships with the withdrawn patient.		List on the black-board.

APPENDIX VII
CHECKLIST RATING SCALE

Name _____

Date _____

Behavior	5 On Most Occasions	4 On Many Occasions	3 On Certain Occasions	2 On Few Occasions	1 On Rare Occasions
1. Listens to patients willingly.					
2. Manifests interest in patients.					
3. Communicates respect in approach to patient.					
4. Nonjudgmental of patient's action.					
5. Meets permissible requests of patients.					
6. Maintains hopeful attitude toward recovery of patients.					
7. Appears to enjoy working with patients.					
8. Conveys a feeling of warmth and friendliness.					
9. Recognizes and utilizes patient's positive assets.					
10. Sought out by patients for assistance.					
11. Recognizes and attempts to control own emotions.					

Behavior	5 On Most Occasions	4 On Many Occasions	3 On Certain Occasions	2 On Few Occasions	1 On Rare Occasions
12. Consistent in treatment of patients.					
13. Sets reasonable limits for patients.					
14. Accepts behavior though unable to understand it.					
15. Describes behavior objectively and accurately.					
16. Makes positive suggestions for care of patient.					
17. Seeks guidance when needed.					
18. Cooperates with all personnel members.					
19. Takes enthusiastic part in planning care of patient.					
20. Controls voice and language in stress situations.					

Comments:

Signature of
Rater

Key to Checklist Rating Scale

1. On Most Occasions:

Example:

Can be depended upon in almost every instance to take time out from what he/she is doing to listen willingly to a patient.

2. On Many Occasions:

Example:

Usually listens willingly to patients but may become involved in other work and forget.

3. On Certain Occasions:

Example:

Listens willingly to outgoing patients but avoids withdrawn patients.

4. On Few Occasions:

Example:

Occasionally will sit and listen quietly to a patient.

5. On Rare Occasions:

Example:

Almost never sits and listens willingly to a patient.

APPENDIX VIII

STUDENT OPINION OF TEACHING METHOD

You have completed a course in nursing care for the psychiatric patient. The information which you give below will help to evaluate the method by which your course was taught.

1. Which group were you in?

_____ Case Method

_____ Lecture-Discussion Method

2. What three things did you like most about the method by which your course was taught?

a.

b.

c.

3. What three things did you like the least about the method by which your course was taught?

a.

b.

c.

4. List below any suggestions you have for making the course more helpful to you.

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